



Promoting Healthy Coping Mechanisms in African-American Women with Depression

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Introduction

Depression is one of the most common and serious mental illnesses that negatively affects the way a person feels, thinks, and acts. Although African-Americans make up 12% of the population in the United States, they make up 18.7% of those affected by mental illness (Ward, Wiltshire, Detry, & Brown, 2013). In the African-American community, there is often misdiagnosis and under-treatment of depression because treatment is often not sought (Duckworth, 2009). There is a stigma associated with African-Americans who suffer from depression. This stigma in turn creates additional pain and confusion, and is often the reason African-American women do not seek treatment. Many African-Americans associate depression with weakness and minimize the seriousness of the problem, and therefore do not seek treatment. With education aimed at enhancing coping mechanisms, the incidence of African-American self-initiating treatment for depression will increase.

Objectives

The objectives of this literature review are to promote healthy coping mechanisms for African-American women with depression, discuss barriers to receiving proper care for depression, and to discuss the effect past experiences have on depression, seeking treatment, and the stigma attached to it. This review will also discuss how coping mechanisms can increase the number of African-American women seeking help for depression.

Review of Literature

Several studies have been performed in which African-American women were interviewed either in person or over the telephone about their experiences with depression, reasons for not seeking treatment, and coping strategies for depression. Participants were African-American women currently suffering from depression. It was found that African-Americans have higher rates of depression than their Caucasian counterparts (Ward, Mengesha, & Issa, 2013). Many African-American women who feel depressed believe that if they avoid diagnosis and treatment of their depression, they may be able to avoid the social stigma associated with it (Oakley, Kanter, Taylor, & Duguid, 2011).

Beliefs About Depression:

Many African-Americans believe the African-American community is unaccepting of people suffering from depression and people should not talk openly about their illness. They also recognize the stigma associated

“I don’t think it was hurting anything, but like, if I was able to give away you know things to start changing my pattern of life and that helped me with my depression. That’s why I thinking all the time you don’t need to go to a psychiatrist, but some people do now ‘cause they’re not strong enough you know. I think I have a lot of strength in me’.”

-Ms. Y (African-American participant)

Review of Literature Cont.

with racial minorities, as well as the stigma that comes along with having depression. It is believed by African-Americans that the stigma is much greater in their community than in any other community. As a result of this stigma, African-Americans with mental illness are treated worse than those not affected. Due to this, many are afraid of the consequences of admitting they have depression (Conner et al, 2010).

Barriers to Treatment:

In a study of 37 African-American participants, all had experienced moderate-to-severe depression, yet none were currently in treatment and only 6 have ever been in treatment. Stigma is one of the many barriers to seeking treatment. Out of the 37 participants, 35 believed people negatively stereotype people with depression, while 32 believed people with depression are stigmatized in society. Common stereotypes include the belief that people with depression are dangerous, violent, and crazy. Also, 35 participants believe the stereotypes are more severe if they are a person of color. Another barrier discussed was mistrust in treatment. Participants expressed how difficult trust can be if the race of the provider is different than their own. Lastly, lack of recognition was identified as a barrier. Many participants talked about how hard it is to distinguish between depression and stress because they are uneducated about the signs and symptoms (Conner et al, 2010).

Past Experiences:

African-American adults suffer more psychological distress than their Caucasian counterparts because of their previous experiences and exposure to such issues as racism, discrimination, prejudice, poverty, and violence. As stated by a participant in the study previously mentioned, “The fact of...racial discrimination, and that we have always had so much discrimination, they made us tougher, so we can endure hardships more, it’s made us stronger. And it made us more resilient, like if we have depression, we can bounce back easier than White people” (Conner et al, 2010). In another study of 13 women, many participants said they had experienced a number of situations and events from childhood to adulthood that caused their depression. Because of the lack of awareness of the symptoms of depression and varying perceptions of the disease, they did not seek professional help (Ward, Mengesha, & Issa, 2013).

Review of Literature Cont.



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Coping Behaviors:

In a study performed by Ward, Mengesha, & Issa in 2013, preferred coping strategies were measured using a 14-item Preferred Coping Scale, specifically developed for African Americans. The scale included the use of professional help, informal support network, religiosity, and avoidance. The results show that religious coping is the preferred method for coping with mental illness in African American women, including praying and talking to a pastor (Ward, Mengesha, & Issa, 2013). In another study, 37 African Americans were interviewed about their use of coping strategies. Despite experiencing symptoms of depression, very few sought medical treatment. Many stated they had to engage in activities to keep themselves from getting progressively worse. They were asked to identify coping strategies that would be accepted by other in the African-American community and thus avoid stigmatization. Common coping strategies identified were self-reliance (being active in the community, cooking, cleaning, self-medicating with alcohol and drugs), frontin’ (hiding depressive symptoms from others), denial (lying to others and denying depression even to themselves), and religion (prayer, Bible), which is the most common (Conner et al, 2010). Lastly, In another study of 15 African-American women who were interviewed, participants believed their illness could be controlled with individual and group counseling, but they were against using medications to control their depression (Ward, Clark, Heidrich). When preparing to provide counseling to a person with any mental illness, professionals should engage in attentive listening, demonstrate empathy, attend to any emotional distress exhibited by the patient, and provide therapeutic communication. Also, professionals should create a safe, comfortable space when speaking with patients and reassure them all of the information they discuss will remain confidential (Ward, Mengesha, & Issa, 2013).

Review of Literature Cont.

Considering many African-American women have a stigma attached to depression, it is very important to provide resources for the patient that can help them cope with their illness. Through participating in community organizations, these women can recognize that they are not alone in their illness and there is nothing to be ashamed about. Lastly, because religion was identified as the most common coping strategy used by African-American women, health care providers should play spiritual music during treatment, allow them to pray during treatment, and include prayer and Church attendance as part of the treatment plan (Conner et al, 2010).

Implications for Evidence-Based Practice

How can African-American women overcome stigma and seek treatment?

- Incorporation of mental health counseling in in the Church setting
- Availability of pamphlets, resources, fact sheets, etc. about depression in the Church setting
- Conduction of depression screenings in the church setting
- Regular mental health fairs or workshops at churches
- Proper training of the clergy on how to provide therapeutic communication to African-American women suffering from depression
- Use of racial matching when counseling in order to increase comfort and establish trust and rapport (Conner et al, 2010)
- Proper teaching on recognizing the signs and symptoms of depression and when to seek help
- What do African American women expect from their health care providers? What resources do they wish to seek?
- Incorporation of community resources available to patients to help with coping, such as National Alliance of Mentally Ill of Greater Cleveland, which provides free support, education, advocacy and resources for individuals with mental illness and their family members
- Community resources that address the misconceptions and stigma about depression

References

A full list of references is available upon request.

Questions? Please contact Megan Deighton at m.deighton@vikes.csuohio.edu with any questions or for an electronic copy of this poster